

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Huntingtown</i> ^{Town}		<i>Calvert</i> ^{County}		MARYLAND	
Date of death	<i>1906</i>	Month	<i>Oct</i>	Day	<i>16</i>
Age		<i>100</i>	Years	Months	Days
Sex	<i>Female</i>	Color or Race	<i>Black</i>	Birth-place	<i>Cal. Co.</i>
Occupation	<i>Servant</i>		Where Residing If not at place of death		
Married, Single or Widowed	<i>Not</i>		Name of Wife or Husband		
Father's Name	<i>Not obtainable</i>			Father's Birthplace	
Mother's Maiden Name				Mother's Birthplace	
Name of person giving information	<i>Robt. Thomas</i>			How related to deceased <i>None</i>	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>General Debility</i>	How long	<i>154</i>
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
<i>Yes</i>		<i>J. W. Heile</i>	
		Address	
		<i>Huntingtown</i>	
		<i>Md</i>	
Accident or Suicide?			



Name
in
Full

CERTIFICATE OF DEATH

Lloyd Benjamin Buckmaster

Town

County

MARYLAND

Died at

Date

1906

Month

Oct.

Day

24

Age

Years

5

Months

5

Days

15

Sex

Male

Color or
Race

White

Birth-
place

Calvert Co Md

Occupation

None

Where Residing if not
at place of deathMarried, Single
or Widowed

Single

Name of Wife or
Husband

—

Father's
Name

Emory A. Buckmaster

Father's
Birthplace

Calvert Co

Mother's
Maiden Name

Florence B. Hall

Mother's
Birthplace

Calvert Co

Name of person giving
in formation

Florence B. Buckmaster

How related
to deceased

Mother

TO BE ANSWERED BY
NEAREST FRIEND

CAUSES OF DEATH

Primary

Typhoid Fever

How long

about 3 weeks

Immediate

Perforation of Intestine

How long

Are the name, age, sex, color, date
and place correctly given above?

Yrs

Signature of
Physician

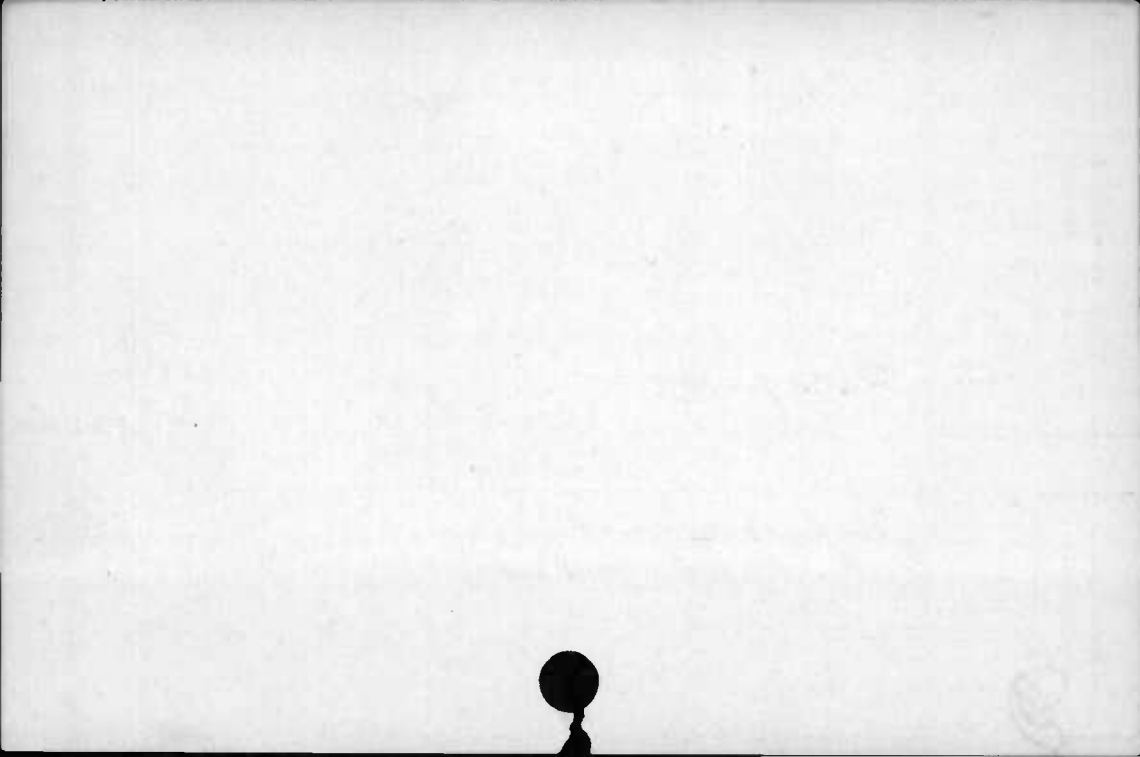
Dr. J. Chambers M.D.

Address

Lusby Calvert Co

PHYSICIAN
OR CORONER

Accident or Suicide?



Name
in
Full

Alice Carr

CERTIFICATE OF DEATH

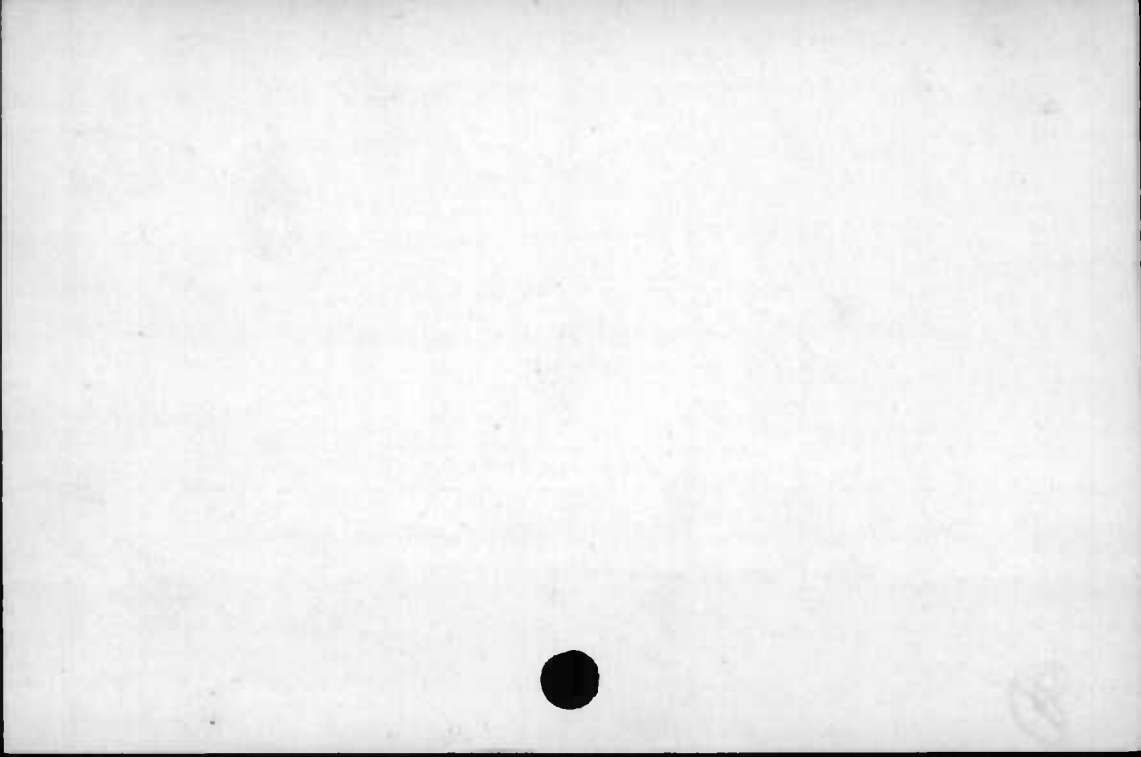
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Huntingtown</i>		County <i>Calvert</i>		MARYLAND	
Date of death <i>1906</i>	Month <i>Oct</i>	Day <i>12</i>	Age	Years	Months <i>2</i>
Sex <i>Female</i>		Color or Race <i>Black</i>		Birth-place <i>Balti.</i>	
Occupation			Where Residing If not at place of death		
Married, Single or Widowed			Name of Wife or Husband		
Father's Name <i>Not Obtainable</i>			Father's Birthplace		
Mother's Maiden Name <i>Mary Carr</i>			Mother's Birthplace <i>Cal. lev.</i>		
Name of person giving information <i>William Smith</i>			How related to deceased <i>Stepfather</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Improper feeding</i>	How long
Immediate <i>Gastric Int. Catarrh</i>	How long <i>2 wks</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>J. W. Smith</i>
	Address <i>Huntingtown</i>
Accident or Suicide?	<i>2nd</i>



Name
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CERTIFICATE OF DEATH

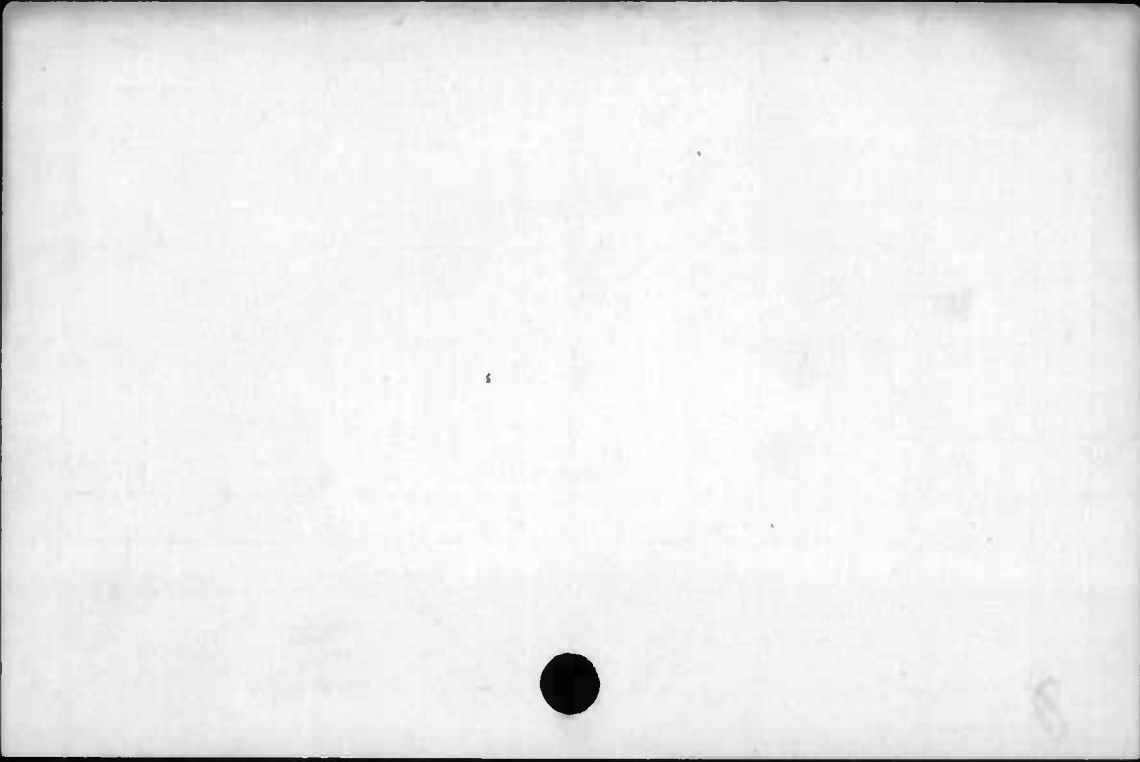
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Huntingtown</i> ^{Town}		<i>Calvert</i> ^{County}		MARYLAND	
Date of death	<i>1906</i>	Month <i>Oct</i>	Day <i>26</i>	Age <i>18</i>	Months <i></i> Days <i></i>
Sex <i>Male</i>	Color or Race <i>Black</i>		Birth-place <i>Cal. les</i>		
Occupation <i>Farmer</i>			Where Residing if not at place of death <i></i>		
Married, Single or Widowed <i></i>		Name of Wife or Husband <i></i>			
Father's Name <i>Wesley Chase</i>		Father's Birthplace <i>Cal. Es.</i>			
Mother's Maiden Name <i>Rachel Gray</i>		Mother's Birthplace <i>" "</i>			
Name of person giving information <i>William Coats</i>		How related to deceased <i>Cousin</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Gun shot wound of hand</i>	How long <i></i>
Immediate <i>Tetanus</i>	How long <i>18 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>J. W. Leitch</i>
	Address <i>Huntingtown Md</i>
Accident or Suicide? <i>Accidental</i>	



Name
in
Full

Edith E. Bankins

CERTIFICATE OF DEATH

25

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Methuen		County Calvert		MARYLAND	
Date of death	1906	Month Oct	Day 23	Age	37	Years	Months 2
Sex	Female		Color or Race	White		Birth- place	Calvert Co
Occupation				Where Residing If not at place of death			
Married, Single or Widowed		Single		Name of Wife or Husband			
Father's Name		H. P. Bankins				Father's Birthplace	
Mother's Maiden Name		Francis O. Dalrymple				Mother's Birthplace	
Name of person giving in formation		H. S. Bankins				How related to deceased	
						Father	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Inflammation	How long	6 yrs.
Immediate	Malnutrition	How long	one nut.
Are the name, age, sex, color, data and place correctly given above?		Signature of Physician	
		O. B. Brown	
		Address	
		Methuen	
Accident or Suicide?			

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Name
in
Full

Chas. C. Denton

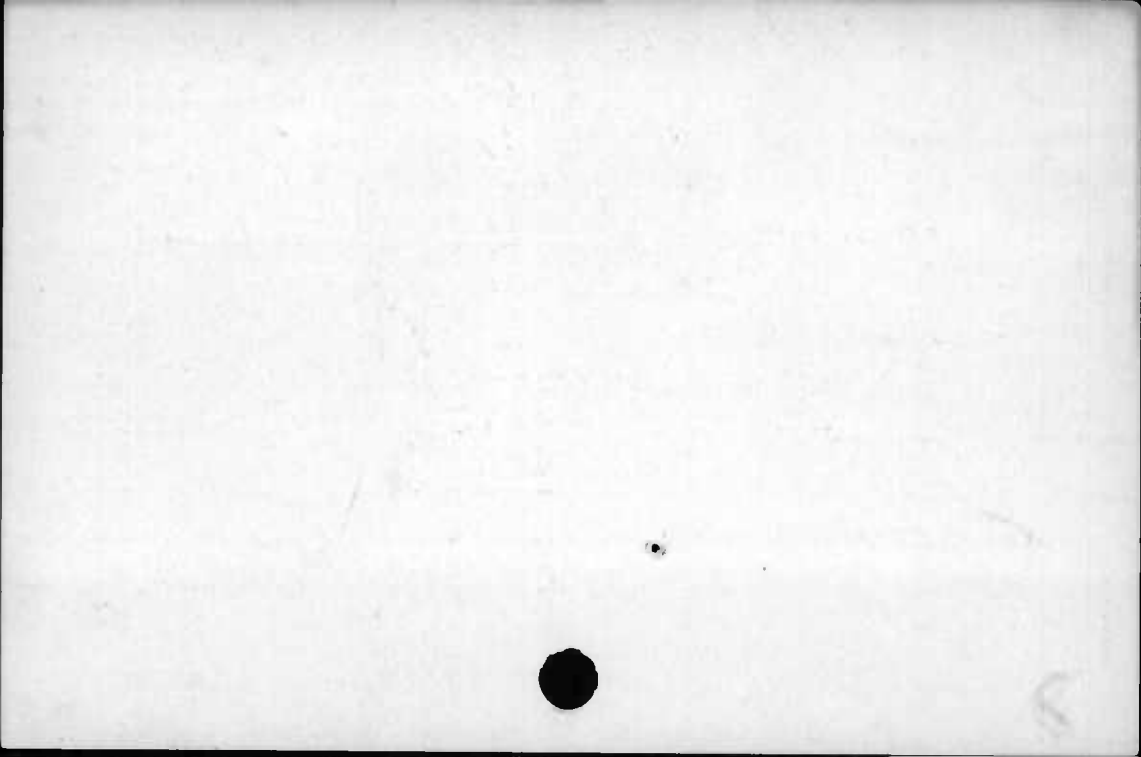
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CERTIFICATE OF DEATHTO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Muhial</u> ^{Town}		<u>Calvert</u> ^{County}		MARYLAND	
Date of death	1906	Month	Oct	Day	3
				Years	Age 59
Sex	Male		Color or Race	White	
Occupation	Farmer		Birthplace	Calvert Co.	
Where Residing if not at place of death					
Married, Single or Widowed	Married		Name of Wife or Husband	Lula M. Denton	
Father's Name	Modoca Denton		Father's Birthplace	Calvert Co	
Mother's Maiden Name	Rebecca Danks		Mother's Birthplace	" "	
Name of person giving information	Lula M. Denton		How related to deceased	Wife	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<u>Tuberculosis -</u>	How long	1 year.
Immediate	<u>gangrene of lung</u>	How long	2 weeks
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <u>P. Broen M.D.</u>		
	Address <u>Calvert Co.</u>		
Accident or Suicide?			



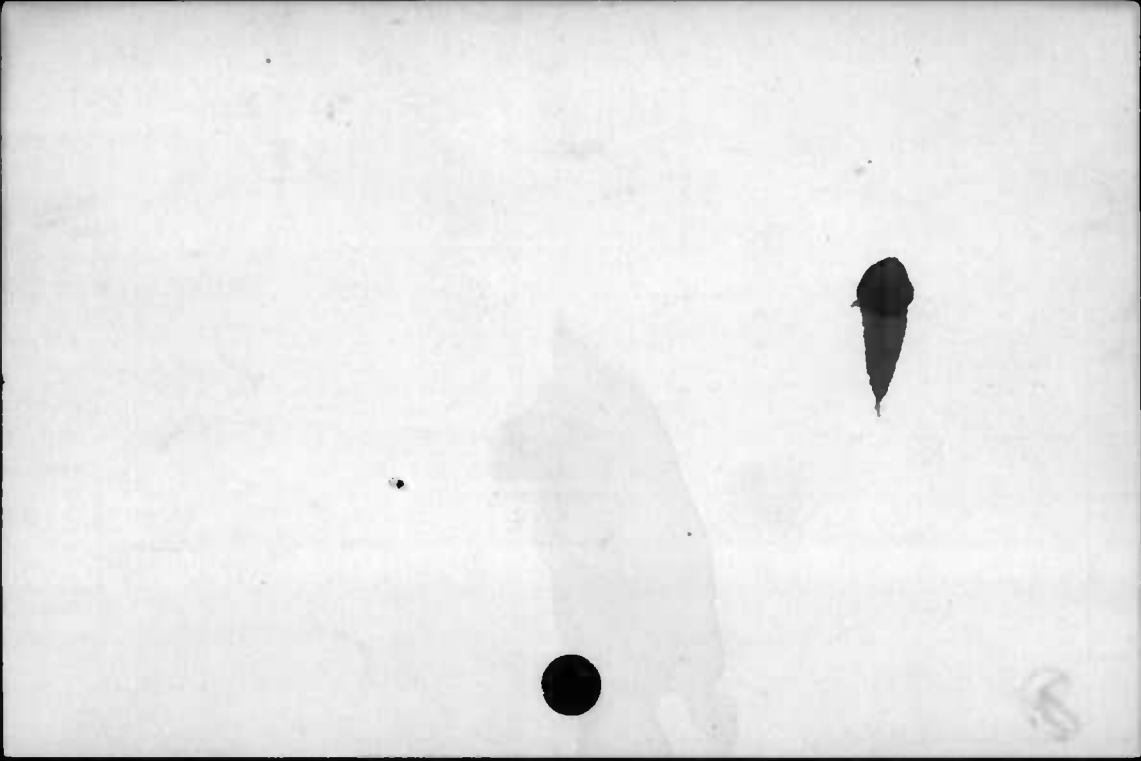
Name
in
Full24
CERTIFICATE OF DEATHTO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Battle Creek</i> ^{Town} <i>Calvert</i> ^{County}		MARYLAND	
Date of death <i>1906 Oct 12</i>	Month <i>Oct</i>	Day <i>12</i>	Years <i>61</i>
Sex <i>male</i>	Color or Race <i>Calvert</i>	Birthplace <i>Calvert Co</i>	Months
Occupation <i>Hammer</i>	Where Residing if not at place of death <i>Calvert Co</i>		
Married, Single or Widowed	Name of Wife or Husband <i>Mary C Eagan</i>		
Father's Name <i>James Leonard</i>	Father's Birthplace <i>Calvert Co</i>		
Mother's Maiden Name <i>Bettie Eagan</i>	Mother's Birthplace <i>Calvert Co</i>		
Name of person giving information <i>Wife</i>	How related to deceased <i>his wife</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Calvary. Hemorrhage</i>	How long <i>15 min.</i>
Immediate	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>[Signature]</i>
	Address
Accident or Suicide? <i>D</i> <i>Brook's & Brothers</i>	



Name
In
Full

Emma Garner

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Newtown ^{Town} Calvert ^{County} **MARYLAND**

Date of death 1906 ^{Month} Oct ^{Day} 14 ^{Years} Age about 30 ^{Months} — ^{Days} —

Sex Female Color or Race Colored Birth-place Calvert Co

Occupation Housewife Where Residing if not at place of death —

Married, Single or Widowed Married Name of Wife or Husband Clude Garner

Father's Name John Wesley Johnson Father's Birthplace Calvert Co

Mother's Maiden Name Mary E. Somerville Mother's Birthplace Calvert Co

Name of parson giving information John Wesley Johnson How related to deceased Father

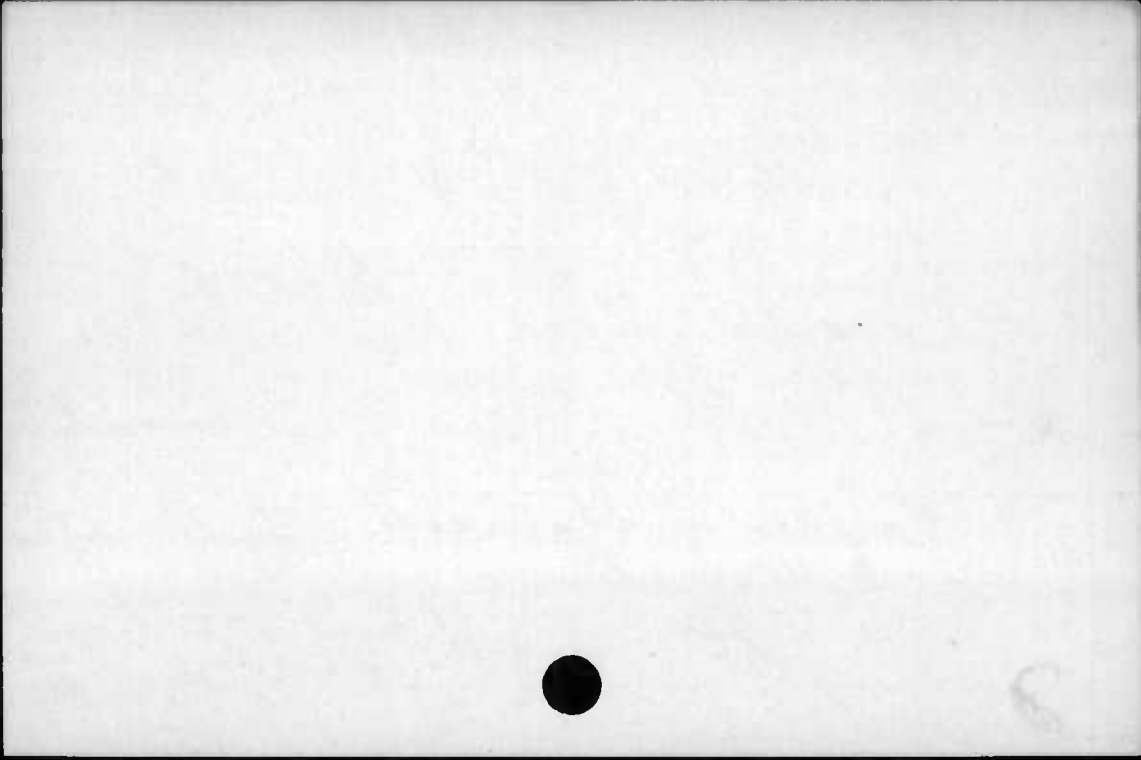
CAUSES OF DEATH

PHYSICIAN
OR CORONER

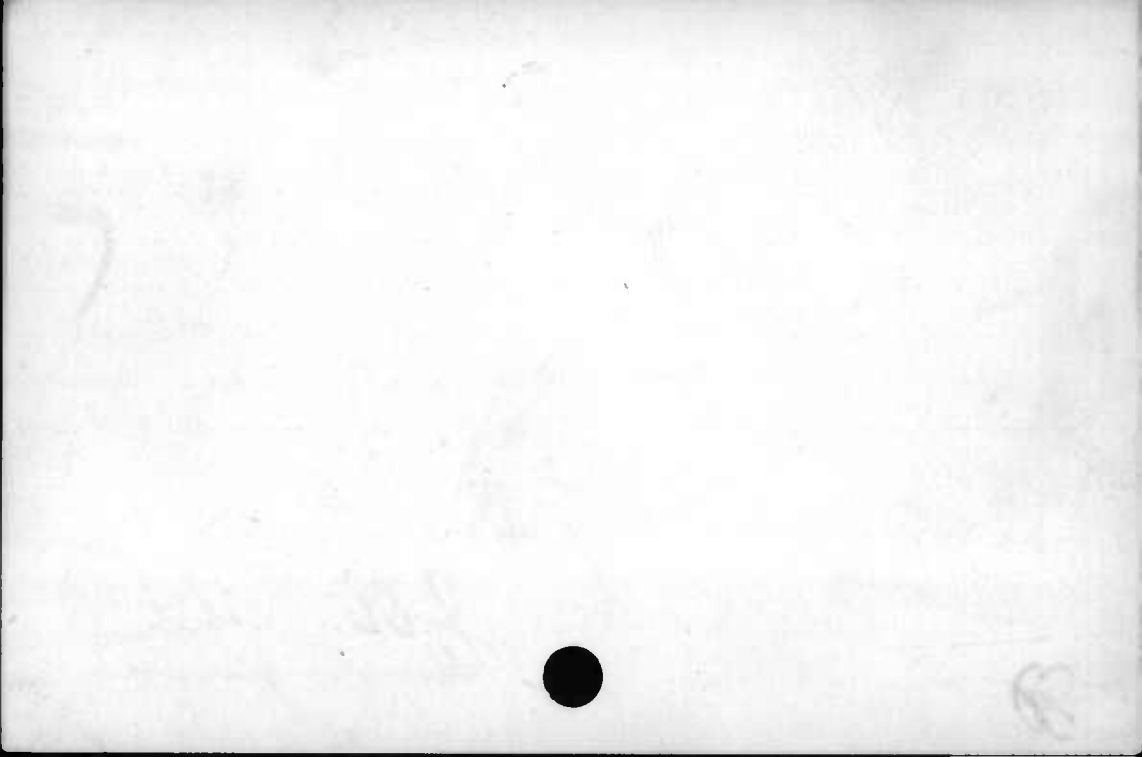
Primary Incompetence Exhaustion 14 How long 6 days

Immediate Exhaustion How long —

Are the name, age, sex, color, date and place correctly given above? YesSignature of Physician Dr F Chambers MDAddress Luxby, Calvert CoAccident or Suicide? —



Name In Full		CERTIFICATE OF DEATH			
TO BE ANSWERED BY NEAREST FRIEND	Died at <i>Sarah Gross</i>		Town <i>Owings</i>		County <i>Calvert</i>
	Date of death <i>1906</i>		Month <i>Oct</i>	Day <i>17</i>	Age <i>30</i>
	Sex <i>Female</i>		Color or Race <i>Colored</i>		Birth-place <i>MD</i>
	Occupation <i>Housewife</i>		Where Residing if not at place of death		
	Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Levi Gross</i>		
	Father's Name <i>Joseph Reed</i>		Father's Birthplace <i>MD</i>		
	Mother's Maiden Name <i>Charlotte Chew</i>		Mother's Birthplace <i>MD</i>		
Name of person giving information <i>Benj Rogers</i>		How related to deceased <i>Friend</i>			
CAUSES OF DEATH					
PHYSICIAN OR CORONER	Primary <i>Cancer of Stomach</i>		How long <i>Six Months</i>		
	Immediate <i>Exhaustion</i>		How long <i>40</i>		
	Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>[Signature]</i>		
			Address <i>Friendship MD</i>		
<input checked="" type="checkbox"/> Accident or Suicide?					



Name
in
Full

Ralph Johnson

CERTIFICATE OF DEATH

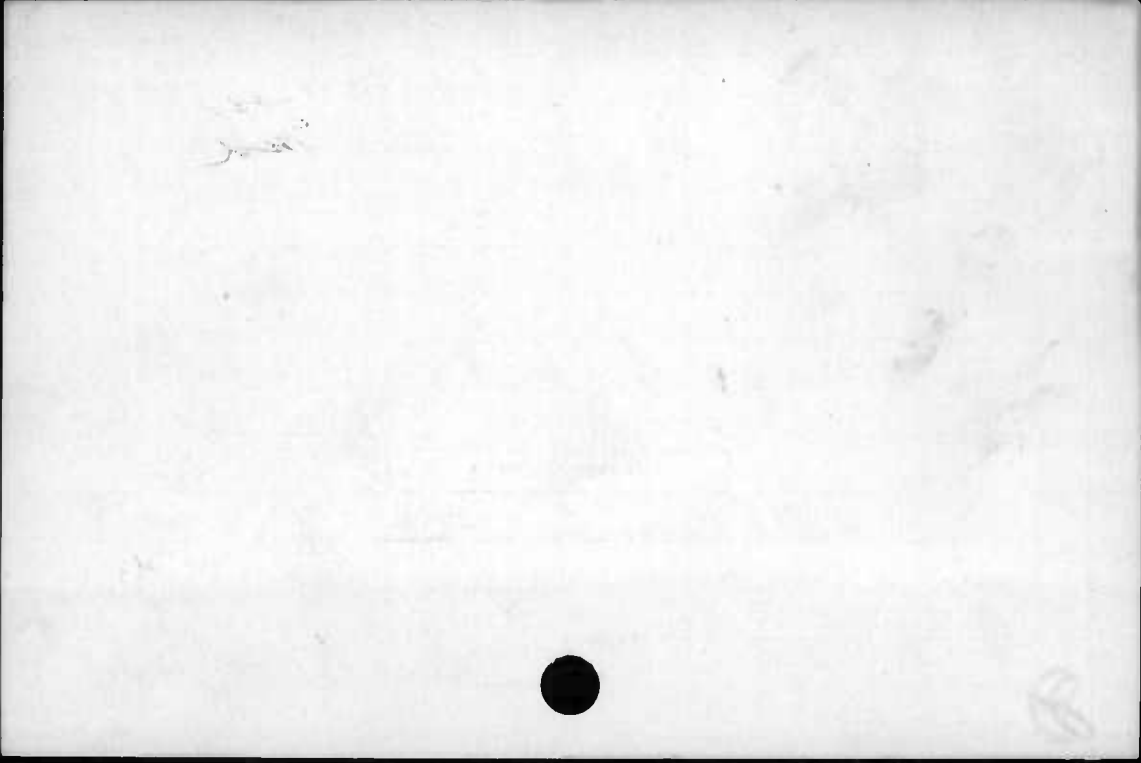
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Huntingtown</i> ^{Town}		<i>Calvert</i> ^{County}		MARYLAND	
Date of death <i>1906</i>	Month <i>Oct.</i>	Day <i>2</i>	Age	Months <i>4</i>	Days
Sex <i>male</i>	Color or Race <i>Black</i>		Birth-place <i>Calvert Co</i>		
Occupation <i>None</i>			Where Residing if not at place of death		
Married, Single or Widowed <i>Single</i>	Name of Wife or Husband				
Father's Name <i>Frank Johnson</i>			Father's Birthplace <i>Baltimore</i>		
Mother's Maiden Name <i>Nora Chew</i>			Mother's Birthplace <i>Cal. Co.</i>		
Name of person giving information <i>Frank Johnson</i>			How related to deceased <i>Father</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Broncho Pneumonia</i>	How long <i>Unknown</i>
Immediate	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>J. W. Leitch</i>
	Address <i>Huntingtown</i>
Accident or Suicide?	



Name
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Full

CERTIFICATE OF DEATH

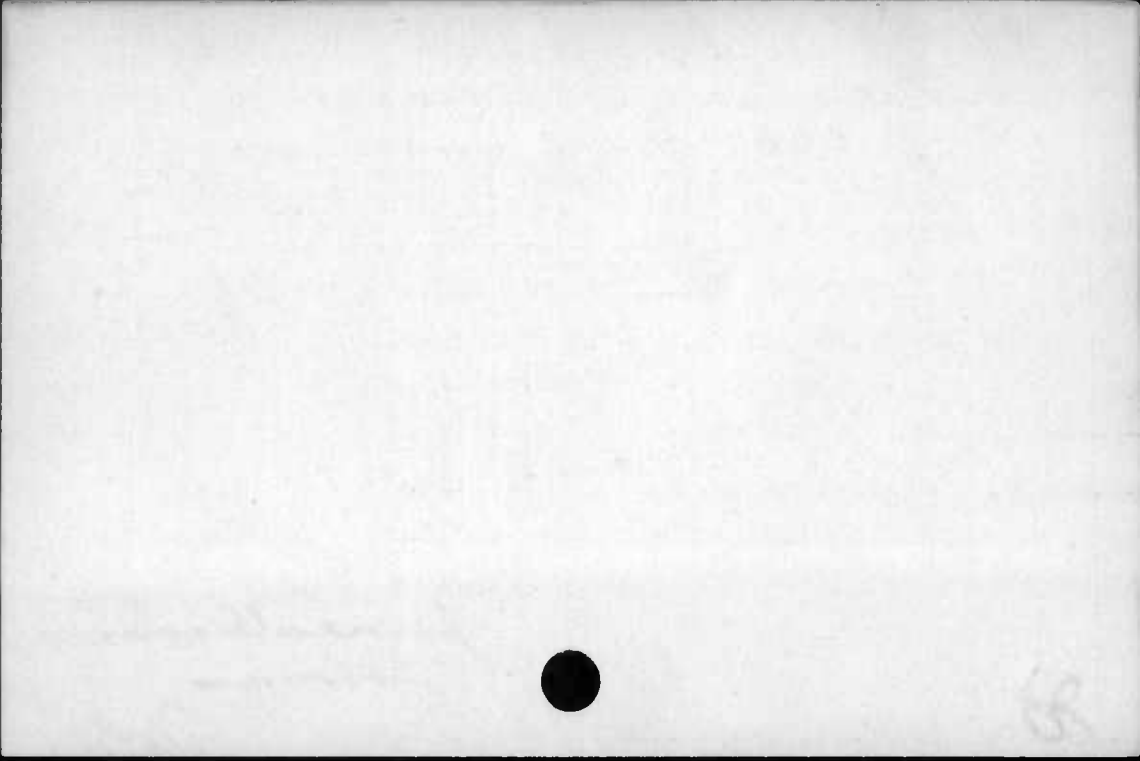
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Olivia</i> Town		<i>Calvert</i> County		MARYLAND	
Date of death <i>1906</i>	Month <i>Octo</i>	Day <i>14</i>	Age <i>3</i> Years	Months <i>weeks</i>	Days
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Calvert co</i>		
Occupation			Where Residing if not at place of death		
Married, Single or Widowed			Name of Wife or Husband		
Father's Name <i>Luther Franklin Joy</i>			Father's Birthplace <i>Calvert co</i>		
Mother's Maiden Name <i>Maggie Seibert</i>			Mother's Birthplace <i>Baltimore</i>		
Name of person giving information <i>Maggie Joy</i>			How related to deceased <i>Mother</i>		

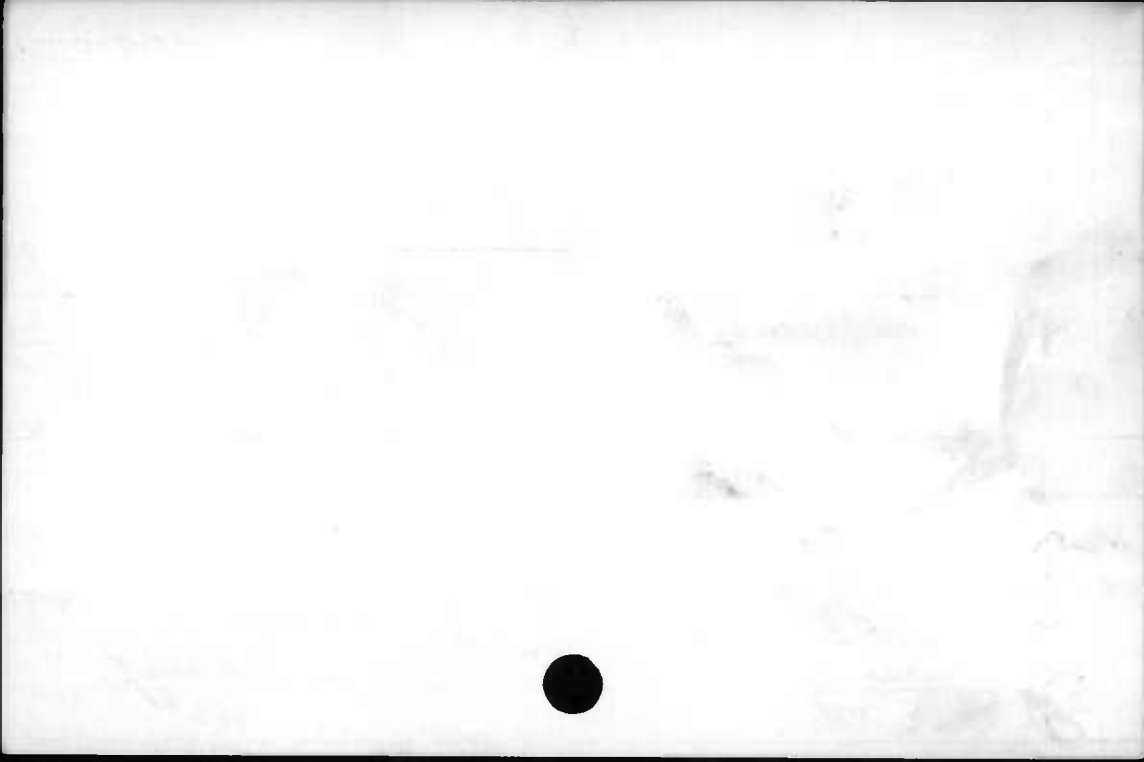
CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Maurasmus</i>	How long	<i>1 week</i>
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>Wm L. Tucker Undertaker</i>	
		Address <i>Calvert co Md</i>	
Accident or Suicide?			



Name in Full		Mary Parker				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at		Addonia Town		Locovest County		MARYLAND
	Date of death		1906	Month	Oct	Day	9
			Age		60		Years
	Sex		Female		Color or Race		Colored
	Occupation		Housekeeper		Where Residing if not at place of death		Locovest
	Married, Single or Widowed		Widow		Name of Wife or Husband		Henry Parker
	Father's Name		Edward Gross		Father's Birthplace		Locovest
Mother's Maiden Name		Jane Gross		Mother's Birthplace		Locovest	
Name of person giving Information		Charles Brooks		How related to deceased		Nephew	
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary		Asthma		How long		12 months
	Immediate				How long		
	Are the name, age, sex, color, date and place correctly given above?		Yes		Signature of Physician		James Crooner
					Address		Brown
Accident or Suicide?						md	



Name in Full		Mary E Ward				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at	Town Mt. Harmony		County Calvert		MARYLAND	
	Date of death	1906	Month Oct	Day 29	Years 73	Months	Days
	Sex	Female		Color or Race	White		Birth-place
	Occupation	Housewife		Where Residing if not at place of death			
	Married, Single or Widowed	Married		Name of Wife or Husband William H Ward			
	Father's Name	John B Woody				Father's Birthplace Baltimore	
	Mother's Maiden Name	Anna M B Ward				Mother's Birthplace Mt & Calvert County	
Name of person giving information	Aline Ward				How related to deceased Daughter		
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary	Pneumonia			How long	Seven days	
	Immediate	Heart Failure			How long		
	Are the name, age, sex, color, date and place correctly given above?		yes		Signature of Physician J L Brayshaw		
					Address Friendships Mt		
Accident or Suicide?							



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>Harriet Rebecca Williams</i>		Town <i>Adiant</i>		County <i>Calvert</i>		MARYLAND	
Died at <i>Adiant</i>		Month <i>Oct</i>		Day <i>4</i>		Age <i>2</i>	
Date of death <i>1906 Oct 4</i>		Months <i>—</i>		Days <i>4</i>			
Sex <i>Female</i>		Color or Race <i>White</i>		Birthplace <i>Calvert Co</i>			
Occupation <i>None</i>		Where Residing if not at place of death					
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband					
Father's Name <i>Julius F. Williams</i>		Father's Birthplace <i>Calvert Co</i>					
Mother's Maiden Name <i>Delia Denton Williams</i>		Mother's Birthplace <i>Calvert Co</i>					
Name of person giving information <i>Julius F. Williams</i>		How related to deceased <i>Father</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Enteritis</i>	How long <i>about 3 weeks</i>
Immediate <i>Prostration</i>	How long
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Dr. F. Chambers MD</i>
	Address <i>Lusby, Calvert Co</i>
Accident or Suicide?	

